

<b>Case Number:</b>	CM14-0104010		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/06/2005
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male with a date of injury on 12/6/2005. As per the report of 5/7/14, he complained of severe pain in the neck with headaches. He had radicular symptoms to both upper extremities (8/10) which were managed on medications and lower back pain radiating to both lower extremities. The cervical spine exam revealed loss of range of motion, tenderness to palpation, trigger point in the neck and trapezius muscles, weakness in the left upper extremity with grip loss, decreased sensation along the left posterolateral triceps, and lateral arm. The lumbar spine exam revealed tenderness to palpation in the lumbar musculature, limited forward flexion, positive straight leg raise bilaterally as well as decreased sensations in the thigh, calf, and dorsum of the feet bilaterally. There was also decreased motor strength. A report on 2/6/14 indicated he had no gastrointestinal problems, but exquisite tenderness was noted. He had a lumbar spine computed tomography scan, magnetic resonance imaging of the cervical spine and an electromyogram of the upper and lower extremities in 2011. Urine drug screening from 1/18/14 was positive for EDDP (metabolite of methadone), methadone, oxycodone, oxymorphone, and trazodone. He had L1-2 posterior fusion in 2006, anterior cervical discectomy and fusion C3-7 in 2012, and two-level posterior lumbar interbody fusion at L4-S1 on 6/22/13. His current medications include Anaprox, Norco, Prilosec, Fexmid, MS Contin, Neurontin, trazodone, Lidoderm patch, and Ambien. Past treatments included long-term treatment with multiple narcotic analgesics without evidence of therapeutic or functional improvement, trigger point injections with benefit, physical therapy, and facet injections. His diagnoses included labile blood pressure, hepatitis C, status post hernia repair, and cervical spine degenerative joint disease. He has a history of concussions, shoulder, back and neck injury, discogenic disease of the cervical and lumbar spine, and a history of cervical and lumbar surgeries. He has chronic

pain syndrome, psychiatric problems including polysubstance abuse, affective, anxiety and personality disorder and tobacco use disorder, and history of chronic sinusitis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Anaprox DS 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 57.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule guidelines, naproxen is recommended as an option for short-term symptomatic relief, at the lowest dose in injured workers with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical records do not demonstrate that this patient has obtained any significant benefit solely with this medication. There is no documentation of any significant benefit in pain level (i.e. visual analog scale) or function. Therefore, the request for Anaprox DS is not medically necessary, according to the guidelines.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines state proton pump inhibitor medications such as omeprazole (Prilosec) may be indicated for injured workers at risk for gastrointestinal events, which should be determined by the clinician: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of acetylsalicylic acid, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple nonsteroidal antiinflammatory drugs (e.g., nonsteroidal antiinflammatory drugs + low-dose acetylsalicylic acid). The guidelines recommend gastrointestinal protection for injured workers with specific risk factors. However, the medical records do not establish the patient is at significant risk for gastrointestinal events. Treatment of dyspepsia secondary to nonsteroidal antiinflammatory drug therapy recommendation is to stop the nonsteroidal antiinflammatory drug, switch to a different nonsteroidal antiinflammatory drug, or consider H2-receptor antagonists or a proton pump inhibitor. There is no evidence of significant dyspepsia that is unresponsive to change in cessation or change of nonsteroidal antiinflammatory drugs or proton pump inhibitors. There is no documentation of risk factors in this injured worker as stated above. Furthermore, long-term proton pump inhibitor use (> 1 year) has been shown to increase the risk

of hip fracture. Thus, the medical necessity of Prilosec has not been established in accordance with the California Medical Treatment Utilization Schedule guidelines.

**FexMid 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

**Decision rationale:** According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine is recommended as an option, using a short course. The medical records do not document the presence of substantial muscle spasm unresponsive to first line therapy. There is no evidence of any significant improvement in pain or function with prior use. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the request for FexMid is not considered medically necessary.